

Travel Authorization / Advance

I. Voucher Information					
Local Vch No	Submit Org	Vouch Date	Ref Doc No	Preparer's Name	FMIS Upload <input type="radio"/> Yes <input type="radio"/> No
Auth Vch Type <input type="checkbox"/> Original <input type="checkbox"/> Adv only <input type="checkbox"/> Reissue			<input type="checkbox"/> Payment Notification		
Traveler		YRegDoc		ActClass	
SSN <small>Protected by the PRIVACY ACT</small>		Email		FY	Fund

2. Mode of Transportation Authorized	3. Mode of Subsistence Authorized	4. Planned Itinerary	5. Estimated Cost				
<input type="checkbox"/> By Common Carrier <input type="checkbox"/> By Gov-Furnished Auto <input type="checkbox"/> By Rental Vehicle <input type="checkbox"/> By Privately Owned Vehicle <input type="checkbox"/> POV Determined to be Most Advantageous to Government <input type="checkbox"/> Cost not to Exceed that of Common Carrier <input type="checkbox"/> Based on Cost of Gov Furnished Auto _____ Mileage Rate Authorized <input type="checkbox"/> Other _____	<input type="checkbox"/> Actual subsistence up to _____ perday Actual subsistence requires approval by appropriate authorizing official <input type="checkbox"/> Conference Rate Perdiem <input type="checkbox"/> Per Diem based on lodging plus meals and incidental expenses NTE GSA Location Rates <input type="checkbox"/> Extended TDY (Reduced Rate) _____	State	City	Rate			
		From		Lodging	M&IE	Days	Estimate
		To: 1					
		2					
		3					
		4					
		5					
		<input type="checkbox"/> Foreign travel.		Transportation			
		Must be approved as required by DOJ travel regulations		Oth Amt			
		Departure Date		Total			
		Return Date		Advance Amt:			

6. Other Authorizations	7. Advance Disbursement
<input type="checkbox"/> 1. Use of Premium Class Additional Cost: _____ <input type="checkbox"/> 2. Use of foreign flag carrier <input type="checkbox"/> 3. Leave in conj w/travel <input type="checkbox"/> 4. Other Description <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> DirDep <input type="checkbox"/> Tres <input type="checkbox"/> Draft <input type="checkbox"/> Cash <input type="checkbox"/> None Draft Cashier ID _____ Address _____ Address _____ City _____ State _____ ZIP _____ Country _____

8. Other Descriptive Information			
Description			
Program	Project	RCN (8 Alpha)	Org Mgt Field (Numeric)
Bill to:		OMF	
Type Travel	Trav Purpose		
<input type="checkbox"/> A. TDY <input type="checkbox"/> B. Ext TDY <input type="checkbox"/> C. Taxable TDY <input type="checkbox"/> X. NA	<input type="checkbox"/> A. Operational <input type="checkbox"/> B. Training <input type="checkbox"/> C. Meeting/Conf <input type="checkbox"/> X. N/A		

Executive Order 13043 requires the wearing of seat belts in motor vehicles by persons on official travel.

9. AUTHORIZATION

You are authorized to travel at government expense in accordance with DOJ travel regulations, under the conditions outlined in this authorization.

Authorizer	Cash / Draft Advance
Advance Authorized as described in Box b Yes <input type="checkbox"/> No _____ Date: _____	Cash Advance of. _____ Requested by: _____ Date: _____ Received by: _____ Date: _____

A voucher must be submitted within 5 workdays after travel is completed or monthly for persons in a continuous travel status.